

04-30-01

A

04/27/01

Jc962 U.S. PTO

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (03-99)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 01-40068-US

First Inventor Willis et al.

Title ~~Computer-Implemented Method For~~
~~Apparatus For Adjusting The Cost Basis of Assets~~

Express Mail Label No. EL182296801US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 51]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 15]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____ / _____

Prior application information

Examiner _____

Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

Name			
07066			
Address			
City		State	Zip Code
Country	Telephone	Fax	

Name (Print/Type)	Carl H. Pierce	Registration No. (Attorney/Agent)	45,730
Signature	<i>Carl H. Pierce</i>	Date	4/27/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 615.00

Complete if Known

Application Number	Not yet assigned
Filing Date	April 27, 2001
First Named Inventor	Willis et al.
Examiner Name	Not yet assigned
Group Art Unit	Not yet assigned
Attorney Docket No.	01-40068-US

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number 18-0586
Deposit Account Name Reed Smith LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	355
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) 355

2. EXTRA CLAIM FEES

Total Claims 40 - 20** = 20 X 9 = 180
Independent Claims 4 - 3** = 1 X 40 = 40
Multiple Dependent ☐ = ☐

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 220.00

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)

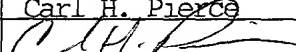
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2 520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1 510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY

Name (Print/Type)	Carl H. Pierce	Registration No (Attorney/Agent)	45,730	Telephone	215-241-7970
Signature		Date	April 27, 2001		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

April 27, 2001

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Re: US Utility Application of Willis et. al.
for COMPUTER-IMPLEMENTED METHOD AND
APPARATUS FOR ADJUSTING THE COST BASIS
OF A SECURITY
Filed: April 27, 2001
Attorney Docket No.: 01-40068-US

EXPRESS MAIL CERTIFICATE (37 CFR 1.10)

Express Mail Label No EL182296801US

Date of Deposit April 27, 2001

I hereby certify that this paper, and the papers and/or fees referred to herein as transmitted, submitted or enclosed, are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D C 20231

Name: Carl H. Pierce

Signature 

Dear Sir:

Enclosed for filing in connection with the above-referenced patent application are the following documents:


1. Utility Patent Application Transmittal (1 sheet);
2. Fee Transmittal (1 sheet);
3. Application consisting of: 50 pages of specification, 1 page of abstract and 15 sheets of drawings;
4. Declaration and Power of Attorney (Original);
5. Check in the amount of \$615.00 for payment of the filing fees, excess claims and recording of Assignment document;
6. Assignment (2 sheets);
7. Recordation Sheet (1 sheet); and

2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301
215.851.8100
Fax 215.851.1420

Delaware
New Jersey
New York
Pennsylvania
Virginia
Washington, DC

Variable	Mean	SD	Min	Max
Age	34.5	10.2	18	65
Gender	50%	50%	Male	Female
Marital status	75%	25%	Married	Single
Education	12.5	1.5	9	16
Income	3500	1500	1000	8000
Occupation	30%	70%	Manager	Worker
Health status	80%	20%	Good	Poor
Smoking status	40%	60%	Smoker	Non-smoker
Alcohol consumption	30%	70%	Drinker	Non-drinker
Exercise frequency	20%	80%	Regular	Irregular
Stress level	65%	35%	Low	High
Sleep quality	70%	30%	Good	Poor
Dietary habits	60%	40%	Healthy	Unhealthy
Family size	3.5	1.5	1	6
Religious beliefs	70%	30%	Religious	Secular
Political views	50%	50%	Conservative	Liberal
Travel frequency	10%	90%	Frequent	Rarely
Language spoken	80%	20%	English	Other
Pets owned	30%	70%	Yes	No
Car ownership	90%	10%	Yes	No
Home ownership	70%	30%	Yes	No
Insurance status	85%	15%	Insured	Not insured
Volunteer work	20%	80%	Yes	No
Charitable donations	10%	90%	Yes	No
Political participation	15%	85%	Yes	No
Community involvement	25%	75%	Yes	No
Environmental awareness	60%	40%	High	Low
Technology usage	80%	20%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	45%	Good	Poor
Job satisfaction	65%	35%	High	Low
Work stress	70%	30%	High	Low
Work-life balance	55%	4		

- Kindly acknowledge receipt of these documents by returning the enclosed self-addressed, stamped postcard to me. The Commissioner is hereby authorized to charge any additional fees required in connection with this filing to Account No. 18-0586.

Very truly yours,

Carl H. Pierce

Carl H. Pierce

Enclosures